

Exhibit E

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2 UNITED STATES DISTRICT COURT

3 SOUTHERN DISTRICT OF NEW YORK

4 -----X

5 JEAN LIN, 07-CV-3218

6 Plaintiff(s),

7 -against-

8 METROPOLITAN LIFE INSURANCE.

9 Defendant(s).

10 -----X

11 150 East 58th Street

12 New York, NY 10155

13 December 14, 2007

14 1:15 P.M.

15

16 EXAMINATION BEFORE TRIAL OF DR. DANIEL

17 ZAMPARRIPA, a witness on behalf of the Defendant

18 herein, taken by the Attorneys for Plaintiff, held

19 at 150 East 58th Street, New York, New York, 10155,

20 on Friday, December 14, 2007, at 1:15 O'clock P.M.

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<p>1</p> <p>2 APPEARANCES :</p> <p>3</p> <p>4 TRIEF & OLK</p> <p>5 Attorneys for Plaintiff</p> <p>6 150 E. 58th Street</p> <p>7 34th Floor</p> <p>8 New York, NY 10155</p> <p>9 BY: Ted Trief</p> <p>10 BY: Eric Dinnocenzo, Esq.</p> <p>11</p> <p>12 TOMASITA SHERER, ESQ.</p> <p>13 METROPOLITAN LIFE INSURANCE COMPANY</p> <p>14 Attorneys for Defendant</p> <p>15 One Metlife Plaza</p> <p>16 27-01 Queens Plaza North</p> <p>17 Long Island City, NY 11101</p> <p>18</p> <p>19</p> <p>20</p> <p>21 * * *</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>2</p>
<p>1</p> <p>2 IT IS HEREBY STIPULATED AND</p> <p>3 AGREED by and between(among) counsel for the</p> <p>4 respective parties hereto, that:</p> <p>5</p> <p>6 All rights provided by the C.P.L.R.,</p> <p>7 including the right to object to any question,</p> <p>8 except as to form, or to move to strike any</p> <p>9 testimony at this(these) examination(s), are</p> <p>10 reserved, and, in addition, the failure to</p> <p>11 object to any question or to move to strike</p> <p>12 any testimony at this(these) examination(s)</p> <p>13 shall not be a bar or waiver to make such</p> <p>14 motion at, and is reserved for the trial of</p> <p>15 this action;</p> <p>16</p> <p>17 IT IS FURTHER STIPULATED AND</p> <p>18 AGREED by and between(among) counsel for the</p> <p>19 respective parties hereto, that this(these)</p> <p>20 examination(s) may be sworn to by the</p> <p>21 witness(es) being examined, before a Notary</p> <p>22 Public other than the Notary Public before</p> <p>23 whom this(these) examination(s) was (were)</p> <p>24</p> <p>25</p>	<p>3</p>
<p>1</p> <p>2 begun; but the failure to do so, or to return</p> <p>3 the original of this (these) examination(s)</p> <p>4 to counsel, shall not be deemed a waiver of</p> <p>5 the rights provided by Rules 3116 and 3117</p> <p>6 of the C.P.L.R., and shall be controlled</p> <p>7 thereby;</p> <p>8</p> <p>9 IT IS FURTHER STIPULATED AND</p> <p>10 AGREED by and between(among) counsel for the</p> <p>11 respective parties hereto, that this(these)</p> <p>12 examination(s) may be utilized for all purposes</p> <p>13 as provided by the C.P.L.R.;</p> <p>14</p> <p>15 IT IS FURTHER STIPULATED AND</p> <p>16 AGREED by and between(among) counsel for the</p> <p>17 respective parties here, that the filing and</p> <p>18 certification of the original of this(these)</p> <p>19 examination(s) shall be and the same hereby are</p> <p>20 waived;</p> <p>21</p> <p>22 IT IS FURTHER STIPULATED AND</p> <p>23 AGREED by and between(among) counsel for the</p> <p>24 respective parties hereto, that a copy of the</p> <p>25</p>	<p>4</p>
<p>1</p> <p>2 Dr. Daniel Zamarippa</p> <p>3 within examination(s) shall be furnished to</p> <p>4 counsel representing the witness(es)</p> <p>5</p> <p>6 IT IS FURTHER STIPULATED AND</p> <p>7 AGREED by and between(among) counsel for the</p> <p>8 respective parties hereto, that all rights provided</p> <p>9 by the C.P.L.R., and Part 221 of the</p> <p>10 Uniform Rules for the Conduct of Depositions,</p> <p>11 including the right to object to any question,</p> <p>12 except as to form, or to move to strike any</p> <p>13 testimony at this examination is reserved;</p> <p>14 and in addition, the failure to object to any</p> <p>15 question or to move to strike any testimony</p> <p>16 at this examination shall not be a bar or</p> <p>17 waiver to make such motion at, and is</p> <p>18 reserved to, the trial of this action.</p> <p>19</p> <p>20</p> <p>21 * * *</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>5</p>

<p>1 Dr. Daniel Zamarippa 14</p> <p>2 to be accounting for mortality in a life insurance</p> <p>3 setting?</p> <p>4 A. Yes.</p> <p>5 Q. So the underwriting guidelines are suppose</p> <p>6 to look at someone's mortality based upon their</p> <p>7 medical condition, correct?</p> <p>8 A. Every company has different underwriting</p> <p>9 guidelines.</p> <p>10 Q. I didn't ask that question, I understand</p> <p>11 they do. I understand that every company has</p> <p>12 different underwriting guidelines, but whatever</p> <p>13 company we're talking about, it's supposed to be</p> <p>14 dealing with mortality, correct?</p> <p>15 MS. SHERER: Objection to form.</p> <p>16 A. Yes.</p> <p>17 Q. And if a medical condition has no bearing</p> <p>18 on mortality, then it should have no bearing on</p> <p>19 underwriting, would you agree?</p> <p>20 MS. SHERER: Objection to form.</p> <p>21 A. When you review the deceased, you see if</p> <p>22 that deceased has an impact on mortality.</p> <p>23 MR. TRIEF: Could you read the question</p> <p>24 back.</p> <p>25 (Whereupon, the referred to question was</p>	<p>1 Dr. Daniel Zamarippa 16</p> <p>2 Q. Would you agree that most of your</p> <p>3 professional career has been working for life</p> <p>4 Insurance?</p> <p>5 A. Yes.</p> <p>6 Q. Are you a hematologist?</p> <p>7 A. No.</p> <p>8 Q. Are you a liver specialist?</p> <p>9 A. No.</p> <p>10 Q. Are you a Hepatitis B specialist?</p> <p>11 A. No.</p> <p>12 Q. What is Hepatitis B?</p> <p>13 A. Hepatitis B is a disease, it's a viral</p> <p>14 disease. You have an infection from a virus that</p> <p>15 affects your liver.</p> <p>16 Q. Pardon me?</p> <p>17 A. That affects your liver, you have</p> <p>18 infection of your liver.</p> <p>19 Q. Well does --</p> <p>20 A. A viral infection of your liver.</p> <p>21 MS. SHERER: Viral?</p> <p>22 A. Viral affection.</p> <p>23 Q. Does Hepatitis B always affect your</p> <p>24 liver?</p> <p>25 A. Yes.</p>
<p>1 Dr. Daniel Zamarippa 15</p> <p>2 read back by the Court Reporter.)</p> <p>3 A. Yes.</p> <p>4 Q. When did you start in relationship to</p> <p>5 being a practicing physician with your medical --</p> <p>6 with your insurance medicine?</p> <p>7 A. I didn't understand.</p> <p>8 Q. You said you were the medical director for</p> <p>9 an insurance company?</p> <p>10 A. For an insurance company, yes.</p> <p>11 Q. That was what year?</p> <p>12 A. '92.</p> <p>13 Q. When did you start practicing medicine?</p> <p>14 A. Practicing medicine in '91, practicing</p> <p>15 medicine you can be a doctor, you can practice</p> <p>16 medicine and then during your training in cardiology</p> <p>17 and internal medicine, you're practicing medicine.</p> <p>18 Q. When did you finish your cardiology</p> <p>19 training?</p> <p>20 A. March of -- the exact date is, March 1990.</p> <p>21 Q. And when did you become an insurance</p> <p>22 medical director?</p> <p>23 A. '92.</p> <p>24 Q. What month?</p> <p>25 A. May '92.</p>	<p>1 Dr. Daniel Zamarippa 17</p> <p>2 Q. Does it always permanently affect your</p> <p>3 liver?</p> <p>4 A. No.</p> <p>5 Q. Do people clear the virus?</p> <p>6 A. No, you always, when you have the</p> <p>7 infection, you have -- you always have -- once you</p> <p>8 have the infection, you have the infection, in two</p> <p>9 stage, you can be in acute Hepatitis and chronic</p> <p>10 Hepatitis You have the infection once in your life,</p> <p>11 you have the infection forever.</p> <p>12 Q. Does chronic Hepatitis affect mortality?</p> <p>13 A. Yes.</p> <p>14 Q. Always?</p> <p>15 A. Yes.</p> <p>16 Q. What basis do you have for that</p> <p>17 information?</p> <p>18 A. Medical literature.</p> <p>19 Q. What medical literature?</p> <p>20 A. I don't have the data here.</p> <p>21 Q. Where is the data?</p> <p>22 A. There's enough information on the</p> <p>23 gastroenterologist journals, the New England Journal</p> <p>24 of Medicine, different journals in medicine.</p> <p>25 Q. Do you have those?</p>

<p>1 Dr. Daniel Zamarippa 22</p> <p>2 read back by the Court Reporter.)</p> <p>3 MS. SHERER: Objection. You may not like</p> <p>4 the answer, but you have to ask a different</p> <p>5 question, and you'll get the answer to the</p> <p>6 question.</p> <p>7 MR. TRIEF: I have to get an answer to the</p> <p>8 question asked.</p> <p>9 MS. SHERER: Ask the question and he'll</p> <p>10 answer it.</p> <p>11 MR. TRIEF: Can you read it back.</p> <p>12 (Whereupon, the referred to question was</p> <p>13 read back by the Court Reporter.)</p> <p>14 A. I don't understand your question.</p> <p>15 Q. That's a fair response.</p> <p>16 "Yes, no, I don't know, I don't</p> <p>17 understand, I get all of those."</p> <p>18 What kind of doctor treats Hepatitis B?</p> <p>19 A. Gastroenterologist.</p> <p>20 Q. Anybody else?</p> <p>21 A. There's some liver disease doctors.</p> <p>22 Q. What are they called?</p> <p>23 A. Hepatologist.</p> <p>24 Q. Anybody else?</p> <p>25 A. Internal medicine doctors.</p>	<p>1 Dr. Daniel Zamarippa 24</p> <p>2 Q. Could you answer that question?</p> <p>3 A. Yes.</p> <p>4 MR. TRIEF: Just, if you can answer my</p> <p>5 questions yes or no, answer them that way,</p> <p>6 because it will speed it along, because I need</p> <p>7 to have a yes or no if it's in there. If it</p> <p>8 can be done. So I'll just repeat the question</p> <p>9 and ask it again, it just takes the deposition</p> <p>10 longer.</p> <p>11 MS. SHERER: And I would like to say that</p> <p>12 I would like you to answer the question, to</p> <p>13 best of your ability, truthfully and accurately</p> <p>14 and completely to the best of your ability.</p> <p>15 MR. TRIEF: Right, but I'm asking if you</p> <p>16 can answer a question "yes" or "no" start with</p> <p>17 the words "yes" or "no," and that's my</p> <p>18 instruction, and you have to follow my</p> <p>19 instruction, unless there somehow improper or</p> <p>20 abusive, but I think that the questioners are</p> <p>21 allowed to ask the witness to answer questions</p> <p>22 with "yes" or "no" if they can.</p> <p>23 MS. SHERER: There's no question pending.</p> <p>24 Q. Are there signs, when a blood test is</p> <p>25 taken, that demonstrate Hepatitis B?</p>
<p>1 Dr. Daniel Zamarippa 23</p> <p>2 Q. Anyone else?</p> <p>3 A. Primary care physician can treat a</p> <p>4 Hepatitis B.</p> <p>5 Q. What is Interferon (Ph. Spelled.)</p> <p>6 A. Interferon is a drug to treat -- it's a</p> <p>7 drug you can have Interferon in your blood, and</p> <p>8 there's production of alfa, there's a medication</p> <p>9 right now on the market.</p> <p>10 Q. Is Interferon ever introduced into a</p> <p>11 patient to treat Hepatitis B?</p> <p>12 A. Interferon, the introduction of Interferon</p> <p>13 was for several -- you can treat several disease</p> <p>14 with Interferon. I don't know if was specifically</p> <p>15 for Hepatitis B, but they started with the treatment</p> <p>16 of Hepatitis with Interferon years and years ago, it</p> <p>17 was only for Hepatitis B when they started.</p> <p>18 MR. TRIEF: What was the question?</p> <p>19 MS. SHERER: I didn't think you were</p> <p>20 finished. Were you finished?</p> <p>21 Can you read the questions back?</p> <p>22 Q. Can you answer the question yes or no? If</p> <p>23 you can't, you can't.</p> <p>24 (Whereupon, the referred to questions was</p> <p>25 read back by the Court Reporter.)</p>	<p>1 Dr. Daniel Zamarippa 25</p> <p>2 A. Sorry, can you repeat question?</p> <p>3 Q. Are there blood tests which can be taken</p> <p>4 which show signs of Hepatitis B?</p> <p>5 A. Yes.</p> <p>6 Q. And are there certain Markers of Hepatitis</p> <p>7 B in the blood?</p> <p>8 A. Yes.</p> <p>9 Q. What are those markers called?</p> <p>10 A. You can call them "markers" we have the</p> <p>11 antigens, there's two different. Well there's</p> <p>12 several Markers. One of the markers is a BS antigen</p> <p>13 and BE antigen.</p> <p>14 Q. And what does those markers demonstrate?</p> <p>15 A. Infection.</p> <p>16 Q. And do they ever indicate clearing of</p> <p>17 infection?</p> <p>18 A. No.</p> <p>19 Q. Well, are there positive markers and then</p> <p>20 negative markers?</p> <p>21 A. Yes, there's positive markers, you can be</p> <p>22 from, there's two. Can I go beyond this question?</p> <p>23 MS. SHERER: Yes, you can.</p> <p>24 MR. TRIEF: Please, that's inappropriate.</p> <p>25 The instructions come from me. In the middle</p>

<p>1 Dr. Daniel Zamarippa 50</p> <p>2 A. Total bilirubin is not a measure of liver</p> <p>3 enzymes. In this line, the liver enzymes includes</p> <p>4 this part, liver enzymes include alkaline</p> <p>5 phosphatase, and AST, ALT and GGTP, and then if you</p> <p>6 have normal liver enzymes, except for Gilbert</p> <p>7 syndrome.</p> <p>8 MR. TRIEF: Move to strike.</p> <p>9 Q. Is Bilirubin listed as a liver enzymes in</p> <p>10 that column?</p> <p>11 Does the lab test show that Mr. Lin's</p> <p>12 Bilirubin was elevated?</p> <p>13 A. Yes.</p> <p>14 Q. And what does that indicate, an elevated</p> <p>15 bilirubin?</p> <p>16 A. Excuse me?</p> <p>17 Q. What does indicate for Mr. Lin's bilirubin</p> <p>18 to be elevated?</p> <p>19 A. He can have this elevation, and there's no</p> <p>20 indication that he has abnormal liver enzymes. I</p> <p>21 don't understand your question.</p> <p>22 Q. What does an elevated bilirubin mean?</p> <p>23 A. Elevated bilirubin means that you can have</p> <p>24 different scenarios with different bilirubin,</p> <p>25 different disease could be Gilbert Syndrome.</p>	<p>1 Dr. Daniel Zamarippa 52</p> <p>2 (Whereupon, the referred to question was</p> <p>3 read back by the Court Reporter.)</p> <p>4 Q. Can you answer my question?</p> <p>5 A. Yes, when you have elevated liver enzymes</p> <p>6 you go the AST, ALT, GGTP, and those are liver</p> <p>7 enzymes.</p> <p>8 Q. Was he tested for Hepatitis B?</p> <p>9 A. No.</p> <p>10 Q. What is the normal range of Bilirubin?</p> <p>11 A. 1.5.</p> <p>12 Q. And what was his?</p> <p>13 A. 2.3.</p> <p>14 Q. What's triglycerides?</p> <p>15 A. Basically, fat in your blood.</p> <p>16 Q. Is that part of cholesterol?</p> <p>17 A. It's part of the -- no, it's not part of</p> <p>18 cholesterol.</p> <p>19 Q. Well, does it indicate a high</p> <p>20 cholesterol?</p> <p>21 A. No.</p> <p>22 Q. What's the purpose of testing for</p> <p>23 triglycerides?</p> <p>24 A. They're several disease that could be</p> <p>25 related to high triglycerides.</p>
<p>1 Dr. Daniel Zamarippa 51</p> <p>2 Q. What is Gilbert Syndrome?</p> <p>3 A. It's the elevation of total bilirubin,</p> <p>4 there's no sign of disease, there's no impact in</p> <p>5 mortality with Gilbert syndrome.</p> <p>6 Q. What else?</p> <p>7 A. There's hemolytic anemia.</p> <p>8 Q. What is that?</p> <p>9 A. Destruction of the red blood cells.</p> <p>10 Q. What else?</p> <p>11 A. And you can have -- for bilirubin, you can</p> <p>12 have also different stage of liver disease.</p> <p>13 Q. And he showed elevated bilirubin,</p> <p>14 correct?</p> <p>15 A. 2.3, yes.</p> <p>16 Q. And according to Exhibit 5, in your</p> <p>17 opinion, did he meet the criteria of having no</p> <p>18 elevated liver enzymes?</p> <p>19 MS. SHERER: Objection to the form.</p> <p>20 A. According to this paper.</p> <p>21 MS. SHERER: Exhibit 5.</p> <p>22 A. Exhibit 5, you don't qualify for preferred</p> <p>23 according to the medical history.</p> <p>24 MR. TRIEF: Could you read the question</p> <p>25 back.</p>	<p>1 Dr. Daniel Zamarippa 53</p> <p>2 Q. What disease?</p> <p>3 A. Hepatitis diabetes --</p> <p>4 Q. Anything else?</p> <p>5 A. Hyperlipidemia.</p> <p>6 Q. Does it increase the chance of a heart</p> <p>7 attack, having elevated triglycerides number?</p> <p>8 A. No.</p> <p>9 Q. Does it increase the chance of</p> <p>10 cardiovascular disease?</p> <p>11 A. No.</p> <p>12 Q. Was his triglycerides elevated?</p> <p>13 A. Very slightly.</p> <p>14 Q. Yes?</p> <p>15 A. Yes.</p> <p>16 Q. Does elevated bilirubin sometimes indicate</p> <p>17 liver disease such as cirrhosis or Hepatitis?</p> <p>18 A. Yes.</p> <p>19 Q. And Met Life before they issued the policy</p> <p>20 understood that he had elevated bilirubin,</p> <p>21 correct?</p> <p>22 MS. SHERER: Objection to the form.</p> <p>23 A. When he went to 2.3 bilirubin, yes.</p> <p>24 Q. When the policy was issued, Metropolitan</p> <p>25 Life insurance company new he had elevated</p>

<p>1 Dr. Daniel Zamarippa 74</p> <p>2 A. Zero. Less -- zero, yes.</p> <p>3 Q. And then there's a group of people who</p> <p>4 have been infected?</p> <p>5 A. Yes.</p> <p>6 Q. And those numbers could be many different</p> <p>7 types of numbers, correct?</p> <p>8 A. Yes.</p> <p>9 Q. They could be fifty thousand, correct?</p> <p>10 A. Millions.</p> <p>11 Q. Millions. And his numbers --</p> <p>12 A. Or hundreds.</p> <p>13 Q. And his was hundreds, correct?</p> <p>14 A. Yes.</p> <p>15 Q. Not millions, hundreds, correct?</p> <p>16 A. Yes.</p> <p>17 Q. And is the difference between hundreds and</p> <p>18 millions significant in predicting ultimate</p> <p>19 mortality rates?</p> <p>20 A. Based on the viral copy you need to go</p> <p>21 with other tests.</p> <p>22 Q. Are those numbers, the fact that they're</p> <p>23 in the hundreds, as opposed to being in the</p> <p>24 millions, is that significant in predicting</p> <p>25 mortality?</p>	<p>1 Dr. Daniel Zamarippa 76</p> <p>2 not detectable?</p> <p>3 A. No, the only thing that means is, that you</p> <p>4 don't viral copies in your blood.</p> <p>5 Q. Well was the Hepatitis B detectable?</p> <p>6 A. Based on this?</p> <p>7 Q. Yes.</p> <p>8 A. You can't say that.</p> <p>9 Q. Could you say it was not detectable?</p> <p>10 A. No. You only have low viral copies in</p> <p>11 your blood --</p> <p>12 Q. Do you see the notation on the bottom</p> <p>13 right, it says, "copy to patient, Hepatitis B not</p> <p>14 detectable"?</p> <p>15 A. Yes.</p> <p>16 Q. Who's handwriting is that?</p> <p>17 A. I don't know.</p> <p>18 Q. Comes from the record itself, correct?</p> <p>19 A. Yes.</p> <p>20 Q. And so that in 2003, the patient is being</p> <p>21 told his Hepatitis B is not detectable, correct?</p> <p>22 MS. SHERER: Objection to form.</p> <p>23 A. I don't know.</p> <p>24 Q. Is that what the document says?</p> <p>25 A. I don't know.</p>
<p>1 Dr. Daniel Zamarippa 75</p> <p>2 A. No, by itself, Hepatitis B has significant</p> <p>3 impact on mortality.</p> <p>4 Q. I didn't ask that question.</p> <p>5 I'm asking whether the numbers alone, the</p> <p>6 fact that they're in the hundreds versus in the</p> <p>7 millions, which you could have, does that in anyway</p> <p>8 impact on mortality?</p> <p>9 MS. SHERER: Objection to form.</p> <p>10 A. No.</p> <p>11 Q. If you look at 114 --</p> <p>12 MR. TRIEF: Did we mark 110?</p> <p>13 Pull 114 for me.</p> <p>14 MR. DINNOCENZO: (Handing.)</p> <p>15 (MARKED FOR ID: Plaintiff's 10.)</p> <p>16 Q. You see the date, which is I think "July</p> <p>17 '03"?</p> <p>18 A. Yes.</p> <p>19 Q. Was he positive or negative for Hepatitis</p> <p>20 B?</p> <p>21 A. Based on this test, you can't say that he</p> <p>22 is positive or negative for Hepatitis B. The only</p> <p>23 thing that this result shows that the viral copy</p> <p>24 wasn't normal, in the normal range.</p> <p>25 Q. Wouldn't you say that the Hepatitis B was</p>	<p>1 Dr. Daniel Zamarippa 77</p> <p>2 Q. Could you read -- are you able to read</p> <p>3 that?</p> <p>4 A. "Hepatitis B not detectable."</p> <p>5 Q. And it says, "Copy to patient," does it</p> <p>6 not? "Copy to PT," I think that's "patient" right?</p> <p>7 A. "Copy to PT." It says, "Copy to PT."</p> <p>8 Q. Doesn't "PT" mean "patient" in shorthand</p> <p>9 for doctors?</p> <p>10 A. Yes.</p> <p>11 Q. Look at 118.</p> <p>12 MR. TRIEF: Give it to the Reporter to</p> <p>13 mark.</p> <p>14 THE WITNESS: (Handing.)</p> <p>15 (MARKED FOR ID: Plaintiffs' 11.)</p> <p>16 Q. If you look the document number --</p> <p>17 A. 118.</p> <p>18 Q. Yes, but it has a sticker?</p> <p>19 A. "11."</p> <p>20 Q. Is that a lab test?</p> <p>21 A. Yes.</p> <p>22 Q. What is it testing?</p> <p>23 A. Hepatitis BE antigen.</p> <p>24 Q. What is that?</p> <p>25 A. If he as active Or inactive Hepatitis.</p>

<p>1 Dr. Daniel Zamarippa 82</p> <p>2 A. There is -- the patient who has Hepatitis</p> <p>3 B, has increased risk of developing cirrhosis or</p> <p>4 liver Cancer risk, and if you're a young patient,</p> <p>5 you're a young person, you have more time to develop</p> <p>6 cirrhosis of liver or Hepato carcinoma, Cancer of</p> <p>7 the liver, can I go on --</p> <p>8 Q. Well, you can say what you want, but what</p> <p>9 I'm looking for is the source of your information.</p> <p>10 So what you're telling me is what your opinion is,</p> <p>11 and the question was what do you base that opinion</p> <p>12 on.</p> <p>13 What material do you have to show me that</p> <p>14 someone with Mr. Lin's numbers, did not have a</p> <p>15 normal life expectancy?</p> <p>16 That's the question, the source of the</p> <p>17 material.</p> <p>18 A. There's medical literature about this, and</p> <p>19 there's, again it's not numbers, it's negative or</p> <p>20 positive. The evidence of chronic Hepatitis B. The</p> <p>21 evidence of infection, there's enough information on</p> <p>22 the medical literature.</p> <p>23 Q. So the question is not what numbers these</p> <p>24 tests show, but the fact that they show anything</p> <p>25 makes his mortality reduced?</p>	<p>1 Dr. Daniel Zamarippa 84</p> <p>2 training you said, correct?</p> <p>3 A. On the medicine underwriting, yes,</p> <p>4 experience.</p> <p>5 Q. So I'm asking for the articles that you</p> <p>6 say support that if your antigens are positive,</p> <p>7 regardless of numbers, your mortality rate is less</p> <p>8 than the general public?</p> <p>9 A. Yes, I will do that.</p> <p>10 Q. Have you consulted with anybody --</p> <p>11 MR. TRIEF: Is this a 30B6 witness also?</p> <p>12 MS. SHERER: No, he's here as an</p> <p>13 underwriter.</p> <p>14 MR. TRIEF: Based on his own personal</p> <p>15 knowledge, also?</p> <p>16 MS. SHERER: Yes.</p> <p>17 Q. Did you consult with anybody besides your</p> <p>18 attorney before coming here today?</p> <p>19 A. No.</p> <p>20 Q. Did you review any material, besides the</p> <p>21 policy application and medical records before coming</p> <p>22 here today?</p> <p>23 A. I told you, last Wednesday I just reviewed</p> <p>24 some medical literature.</p> <p>25 Q. Which you mentioned earlier, I'm sorry, I</p>
<p>1 Dr. Daniel Zamarippa 83</p> <p>2 MS. SHERER: Objection to form.</p> <p>3 Q. Is that what you're saying?</p> <p>4 A. I'm saying that if he had -- if the</p> <p>5 patient has evidence of chronic Hepatitis B, the</p> <p>6 mortality is different than the normal</p> <p>7 populations.</p> <p>8 Q. Regardless of the numbers, is what you're</p> <p>9 saying?</p> <p>10 A. Regardless of the numbers.</p> <p>11 Q. And what is your source of that statement,</p> <p>12 that's what I'm asking you.</p> <p>13 Were do you get that information from?</p> <p>14 A. I will give you that information. There's</p> <p>15 medical literature, I said it before. You can do</p> <p>16 that search on the Internet even, and there's a lot</p> <p>17 of articles, medical articles about this.</p> <p>18 Q. I'm asking you for your source of it, not</p> <p>19 what I could do, but what is your source for that</p> <p>20 statement. If you have articles I'd like to receive</p> <p>21 them.</p> <p>22 MS. SHERER: Objection to form.</p> <p>23 A. You will receive them.</p> <p>24 Q. So, and you base your testimony on</p> <p>25 articles that you read, and your experience, in your</p>	<p>1 Dr. Daniel Zamarippa 85</p> <p>2 should have included that.</p> <p>3 Have I listed all of the things that you</p> <p>4 reviewed, the medical literature last Wednesday, the</p> <p>5 policy and application and the medical records?</p> <p>6 A. Yes.</p> <p>7 Q. And I think you might have looked at some</p> <p>8 underwriting material?</p> <p>9 A. The underwriting guidelines.</p> <p>10 Q. Did you look at the original underwriting</p> <p>11 package?</p> <p>12 A. Yes.</p> <p>13 MR. TRIEF: Do we have the original?</p> <p>14 MR. DINNOCENZO: It should be in the file.</p> <p>15 What exactly are you...</p> <p>16 MS. SHERER: It's all in the file.</p> <p>17 Q. Now, you checked off that he would have</p> <p>18 been given a life insurance policy, on exhibit, I</p> <p>19 believe it's this one, which is Exhibit 4?</p> <p>20 A. Yes.</p> <p>21 Q. What policy would he have been issued?</p> <p>22 A. With some extra premium, different then</p> <p>23 select preferred, with extra premium and to clients</p> <p>24 who have Hepatitis B and shows, according to our</p> <p>25 guidelines, we can issue policies with Hepatitis B,</p>

<p>1 Dr. Daniel Zamarippa 86</p> <p>2 not at the best rate.</p> <p>3 Q. At which rate would he have gotten it?</p> <p>4 A. He would be around plus fifty debits that,</p> <p>5 means according our guidelines would be plus 150</p> <p>6 percent -- 150 percent mortality. So this is plus</p> <p>7 fifty debits. That means you pay your premium and</p> <p>8 pay fifty percent more of the premium.</p> <p>9 Q. It would have been fifty percent more of</p> <p>10 the normal premium?</p> <p>11 A. Yes.</p> <p>12 Q. But he would have been issued a policy?</p> <p>13 A. Yes.</p> <p>14 MR. TRIEF: Let's take two minutes.</p> <p>15 (Whereupon, there was a break in the</p> <p>16 proceedings.)</p> <p>17 (Whereupon, the following occurred.)</p> <p>18 Q. How do you get to that fifty percent</p> <p>19 premium increase?</p> <p>20 A. It's in our underwriting guidelines.</p> <p>21 Q. Is it -- is there anything that you can</p> <p>22 point to if we produce the underwriting</p> <p>23 guidelines?</p> <p>24 MS. SHERER: It was the first production,</p> <p>25 the thin one.</p>	<p>1 Dr. Daniel Zamarippa 88</p> <p>2 Hepatitis B.</p> <p>3 Q. What I'm referring to is, if you go -- if</p> <p>4 you look at the Hepatitis B, there seems to be three</p> <p>5 category; "Hepatitis B carriers, acute Hepatitis B"</p> <p>6 and then "Chronic Hepatitis B."</p> <p>7 A. Yes.</p> <p>8 Q. When I looked at this, I thought he was</p> <p>9 under the chronic Hepatitis B category.</p> <p>10 A. If you see "chronic Hepatitis B and liver</p> <p>11 biopsy performed" --</p> <p>12 Q. Right, and I see "liver biopsy not</p> <p>13 performed," and then I see "treated with</p> <p>14 Interferon."</p> <p>15 A. "Liver biopsy not performed, ALT, AST,</p> <p>16 normal rate" -- that is B carrier.</p> <p>17 Q. I'm looking at "treated with Interferon"</p> <p>18 because that's what I thought he was.</p> <p>19 A. Well, he was treated with Interferon in</p> <p>20 '98. Six years later he still had the virus.</p> <p>21 Q. If I can, I just want to point to you, it</p> <p>22 says, "Treated with Interferon"?</p> <p>23 A. Yes.</p> <p>24 Q. Then it says, "Off Interferon more than</p> <p>25 one year"?</p>
<p>1 Dr. Daniel Zamarippa 87</p> <p>2 Q. Am I holding it now?</p> <p>3 MS. SHERER: Can he see?</p> <p>4 MR. TRIEF: Yes.</p> <p>5 He's a big boy he can tell me to see it.</p> <p>6 If he tells me he needs to see it, I'm not</p> <p>7 going to hide it from him.</p> <p>8 So let's mark this. It's bate stamp "710</p> <p>9 to 718."</p> <p>10 (MARKED FOR ID: Plaintiff's 13.)</p> <p>11 Q. So show me where it would be fifty percent</p> <p>12 more, for Mr. Lin?</p> <p>13 A. It would be here in the second line</p> <p>14 (Indicating.)</p> <p>15 Q. Yeah?</p> <p>16 A. The point is -- if he knows -- if we know</p> <p>17 that he has history of Hepatitis B and he will be</p> <p>18 Hepatitis B with normal liver enzymes, and we'll say</p> <p>19 that he's a carrier it would be plus fifty. Do you</p> <p>20 see that, "plus fifty" (Indicating.)</p> <p>21 Q. No, I see that, but you see where --</p> <p>22 (Indicating.)</p> <p>23 A. There's different guidelines, different</p> <p>24 points that you need to see when you -- you know</p> <p>25 that he has Hepatitis B and he tests positive for</p>	<p>1 Dr. Daniel Zamarippa 89</p> <p>2 A. Yes.</p> <p>3 Q. He was treated with Interferon and he's</p> <p>4 off Interferon for more than one year, correct?</p> <p>5 A. Yes.</p> <p>6 Q. And then it says, "Refer to medical</p> <p>7 director," correct?</p> <p>8 A. Yes.</p> <p>9 Q. That's you, correct?</p> <p>10 A. Yes.</p> <p>11 Q. So what is -- what guidelines are you then</p> <p>12 using, as a medical director, to determine what to</p> <p>13 do with that request?</p> <p>14 A. When -- on the underwriting process, he</p> <p>15 was off Interferon six years ago.</p> <p>16 Q. Right.</p> <p>17 A. And according -- well, after I reviewed</p> <p>18 the claim, well the claim, and we have all the</p> <p>19 medical records, and we don't have it at that</p> <p>20 moment, after six years, you only go by the history</p> <p>21 that Hepatitis B, because according to the</p> <p>22 Interferon, he was treated with Interferon, but even</p> <p>23 he was treated with the Interferon, you need to</p> <p>24 clear the virus, and he didn't clear the virus.</p> <p>25 Q. We disagree with that, but I understand</p>

<p>1 Dr. Daniel Zamarippa 90</p> <p>2 that's your position, but that wasn't my question.</p> <p>3 My question is, doctor, if you look at Met</p> <p>4 Life 710 bates number in that series of documents</p> <p>5 that we just marked, you'll see there's a category</p> <p>6 that says, "treated with Interferon," and then "off</p> <p>7 Interferon with one year"?</p> <p>8 A. If you can see --</p> <p>9 Q. Correct, is it there?</p> <p>10 A. Correct, it's here.</p> <p>11 Q. And does that apply to Mr. Lin?</p> <p>12 A. No, because if you see, you have E, BE</p> <p>13 antigen negative, and he has after the treatment</p> <p>14 with Interferon, he has positive BE antigen. Can</p> <p>15 you see that? Successfully treatment, E antigen,</p> <p>16 and after the treatment, he has E antigen</p> <p>17 positive.</p> <p>18 Q. Okay, let's assume you're wrong, just</p> <p>19 assume, and he had successful treatment and he was</p> <p>20 off Interferon for more than one year, that would be</p> <p>21 then be referred to the medical director, correct?</p> <p>22 MS. SHERER: Objection to the form.</p> <p>23 A. In your assumption?</p> <p>24 Q. Yes.</p> <p>25 A. In your assumption, if he has E antigen</p>	<p>1 Dr. Daniel Zamarippa 92</p> <p>2 would be issued a policy at a fifty percent increase</p> <p>3 in premium?</p> <p>4 MS. SHERER: Objection to form.</p> <p>5 A. Basically, this is according -- our</p> <p>6 judgment, underwriting judgment, he would be</p> <p>7 Hepatitis B carrier.</p> <p>8 Q. How do I know that; is that purely</p> <p>9 judgment or is there a document that supports</p> <p>10 that?</p> <p>11 A. You have that, here. This is the only</p> <p>12 page that we have, because if you go to next page,</p> <p>13 he will be ABS antigen positive. If we assume that</p> <p>14 he has successful treatment or at that point he was</p> <p>15 inactive, he would be E antigen negative, and then</p> <p>16 would be -- you can see, FHDB DNA positive and</p> <p>17 negative, he would be rated as a B carrier, and then</p> <p>18 if you go back, it would be plus fifty debits.</p> <p>19 That's Page 711. You can see, and then you can see</p> <p>20 antigen positive and antigen negative, and then you</p> <p>21 can see that according to this, he would be a B</p> <p>22 carrier, simple.</p> <p>23 Q. I'm not seeing it that way, but maybe I'm</p> <p>24 confused.</p> <p>25 What is the immunized category on Page</p>
<p>1 Dr. Daniel Zamarippa 91</p> <p>2 negative before, and he told us that he had</p> <p>3 Hepatitis B, and he was in treatment for Hepatitis</p> <p>4 B, this case would be referred to a medical</p> <p>5 director.</p> <p>6 Q. And in that case, what guidelines does the</p> <p>7 medical director then use?</p> <p>8 A. Basically in this case, if he has E</p> <p>9 antigen positive and normal liver enzymes, he would</p> <p>10 treat it as Hepatitis B carrier, as I mentioned</p> <p>11 before, --</p> <p>12 Q. How do we know that? Is there anything in</p> <p>13 the underwriting documents that says if he was</p> <p>14 treated with Interferon successfully and he was off</p> <p>15 Interferon for more than one year, he would be</p> <p>16 charged a fifty percent premium; is there anything</p> <p>17 in the underwriting that shows that?</p> <p>18 MS. SHERER: Objection.</p> <p>19 A. If he has E antigen positive that's not</p> <p>20 successful treatment according to this statement.</p> <p>21 Q. Doctor, I'm asking you to assume that he</p> <p>22 was successfully treated. Assume that, and assume</p> <p>23 that he was off Interferon for more than one year?</p> <p>24 A. Yes.</p> <p>25 Q. What records, if any, would show that he</p>	<p>1 Dr. Daniel Zamarippa 93</p> <p>2 711?</p> <p>3 A. There's no immunized -- well, you have</p> <p>4 anti HBS.</p> <p>5 Q. If you go to 711, is there a column called</p> <p>6 "immunized"?</p> <p>7 A. Yes.</p> <p>8 Q. What does that mean?</p> <p>9 A. That means that you had vaccine for</p> <p>10 Hepatitis B.</p> <p>11 Q. For what?</p> <p>12 A. Vaccine for Hepatitis B.</p> <p>13 Q. And what does "chronic infection mean"?</p> <p>14 A. "Chronic infection" means that you have</p> <p>15 active Hepatitis B, more than six months.</p> <p>16 Q. And what does "carrier" mean?</p> <p>17 A. Means that you have your virus in your</p> <p>18 blood.</p> <p>19 Q. And what does "recovery" mean?</p> <p>20 A. "Recovery" means that you don't have virus</p> <p>21 after the infection, you have complete recovery of</p> <p>22 the disease.</p> <p>23 Q. Is that different than "carrier" and</p> <p>24 "chronic"?</p> <p>25 A. Can you repeat?</p>

<p>1 Dr. Daniel Zamarippa 94</p> <p>2 Q. Is "recovery" different than "carrier" and</p> <p>3 "chronic"?</p> <p>4 A. Yes.</p> <p>5 Q. And "recovery" means you had the disease</p> <p>6 and you no longer have it?</p> <p>7 A. "Recovery" means you had a the acute</p> <p>8 infection.</p> <p>9 Q. Had the acute infection?</p> <p>10 A. Had the acute infection, and you recovered</p> <p>11 from that acute infection.</p> <p>12 Q. And is recovery listed on Page 710?</p> <p>13 A. No.</p> <p>14 Q. Why not?</p> <p>15 A. Because you have recovery in the</p> <p>16 infection, you have in the past, the recovery of the</p> <p>17 infection, there's no evidence that you have this,</p> <p>18 (Indicating) according to this (Indicating)</p> <p>19 Hepatitis B.</p> <p>20 Q. And if you had recovery, would you be at a</p> <p>21 normal rate?</p> <p>22 A. That's underwriting judgment.</p> <p>23 Q. Well, is that what that means; would you</p> <p>24 then have an ordinary rate if you recovered?</p> <p>25 A. If you recovered, yes.</p>	<p>1 Dr. Daniel Zamarippa 96</p> <p>2 Q. What rate would it have been?</p> <p>3 A. There's different categories for that.</p> <p>4 Best class means that you have the best life</p> <p>5 expectancy.</p> <p>6 Q. I didn't ask that. The question was at</p> <p>7 what rate, if he was recovered at what rate would he</p> <p>8 have been issued the policy?</p> <p>9 MS. SHERER: Objection to form.</p> <p>10 A. Probably standard rate.</p> <p>11 Q. What rate is that?</p> <p>12 A. Standard rate means plus one hundred</p> <p>13 debits, there's no best premium, not the best</p> <p>14 premium.</p> <p>15 Q. Well you said if he was chronic, he would</p> <p>16 have gotten fifty percent, correct.</p> <p>17 A. Yes, B carrier would be fifty percent.</p> <p>18 Q. But if he recovered he would be plus a</p> <p>19 hundred?</p> <p>20 A. Plus zero, means --</p> <p>21 Q. Plus zero? So he would have been at the</p> <p>22 ordinary rate, correct?</p> <p>23 MS. SHERER: Objection to form.</p> <p>24 A. The ordinary rate, not the way the policy</p> <p>25 issued.</p>
<p>1 Dr. Daniel Zamarippa 95</p> <p>2 Q. And so if Mr. Lin had recovered, then he</p> <p>3 would have been at an ordinary rate, correct?</p> <p>4 A. I need to say that if Mr. Lin was</p> <p>5 recovered, he will be, but you know, according of</p> <p>6 the guidelines, he has ABS antigen, he never was</p> <p>7 recovered.</p> <p>8 MR. TRIEF: I move to strike the portion</p> <p>9 that's not responsive.</p> <p>10 MS. SHERER: Of course we disagree.</p> <p>11 Q. So would you agree that the issue is</p> <p>12 whether he recovered or not, correct?</p> <p>13 MS. SHERER: Objection to the form.</p> <p>14 Q. If according -- if he never recovered,</p> <p>15 then he would have been rated at fifty percent, had</p> <p>16 you known this information, correct?</p> <p>17 MS. SHERER: Objection to the form.</p> <p>18 A. Yes.</p> <p>19 Q. And if he had recovered, he would have</p> <p>20 been rated at the rate he was rated at, correct?</p> <p>21 A. No.</p> <p>22 Q. Would he have been rated at a different</p> <p>23 rate if he had recovered?</p> <p>24 A. If you have recovered, it would not be a</p> <p>25 best class.</p>	<p>1 Cross - Dr. Zamarippa 97</p> <p>2 Q. He was rated better than ordinary?</p> <p>3 A. Better than that.</p> <p>4 Q. How much more is the ordinary rate than</p> <p>5 the rate he was given?</p> <p>6 A. I don't know the number.</p> <p>7 Q. How do I know that that's so?</p> <p>8 Is there anything in the underwriting</p> <p>9 which says that, as far as someone who recovered?</p> <p>10 A. No underwriting judgement.</p> <p>11 Q. The medical director's judgement?</p> <p>12 A. Yes.</p> <p>13 Q. And that's based on mortality, correct?</p> <p>14 A. Yes. But can I go on?</p> <p>15 Q. Sure.</p> <p>16 A. But to show recovery, you need to show</p> <p>17 these two antigens, antibodies to show that you have</p> <p>18 recovered, that Mr. Lin doesn't have, doesn't show.</p> <p>19 MR. TRIEF: Move to strike the part</p> <p>20 that's not responsive.</p> <p>21 I'd like, if I can, I want -- this has</p> <p>22 been a very short deposition, I think. The</p> <p>23 witness has been here only I would say a little</p> <p>24 more than two hours, would that be fair.</p> <p>25 MS. SHERER: Yes.</p>